



## APPLICATION FORM A1

Please TYPE or PRINT up the information as stated in the ID or Passport submitted.

**SURNAME:**

**FIRST NAME:**

**MIDDLE NAME:**

**Student ID Number:** (given upon enrollment)

**S 20**   -

Submit the completed form together with a photocopy of any government issued ID, School ID, or Passport at  
1010 Lower Ground Level, East Wing, Shangri-La Plaza Mall, Mandaluyong City, Philippines  
Office Hours: Monday to Sunday 10AM – 8PM  
**ONLY COMPLETE APPLICATION FORM WILL BE ACCEPTED & PROCESSED.**

**2" X 2" VISA TYPE COLORED  
ID PICTURE**  
(Submit one (1), with printed name  
and signature at the back. Should  
be taken within the last 6 months  
reflecting your current appearance)

### PERSONAL INFORMATION

|                            |  |              |  |
|----------------------------|--|--------------|--|
| Cellphone No/s.            |  |              |  |
| Landline No/s.             |  |              |  |
| Email Address              |  |              |  |
| Date of Birth              |  | Age          |  |
| Citizenship                |  | Civil Status |  |
| If Married, name of spouse |  |              |  |

### PHILIPPINE ADDRESS:

|         |  |         |          |
|---------|--|---------|----------|
| Address |  |         |          |
| City    |  | Country | ZIP Code |

### INTERNATIONAL ADDRESS: (for Foreign Students)

|                 |               |                |          |
|-----------------|---------------|----------------|----------|
| Address         |               |                |          |
| City            |               | Country        | ZIP Code |
| Passport Number | Date of Issue | Place of Issue |          |

### EDUCATION / PROFESSIONAL BACKGROUND

|                                |  |                  |  |
|--------------------------------|--|------------------|--|
| School / University Attended   |  |                  |  |
| Highest Educational Attainment |  | Year             |  |
| Profession                     |  | Position / Title |  |
| Employer's Name                |  |                  |  |
| Employer's Business Address    |  |                  |  |
| Employer's Contact Number/s    |  |                  |  |

### EMERGENCY CONTACT DETAILS

|                 |  |                |          |
|-----------------|--|----------------|----------|
| Name:           |  | Relationship   |          |
| Cellphone No/s. |  | Landline No/s. |          |
| Address         |  |                |          |
| City            |  | Country        | ZIP Code |

We would like to provide educational opportunities to students who are diversely gifted or have special education needs. Acceptance to the course will depend on the schools ability to provide services for the student's condition. Do you have any medical condition or physical disability (e.g. heart condition, visual/hearing impairment, etc.), Special Learning Needs (e.g. ADHD, dyslexia, etc.) or psychological/emotional condition?  NO  YES

If YES, please specify:

### PAYMENT AND REFUND CONDITIONS

1. Enrollment and full payment should be made one (1) week before the commencement of the course to be able to get the first day requirements. Payment can be made via cash, check, and bank transfers. **Note: Any transfer costs/commissions are to be paid by the student.**
2. A surcharge of 10% of total fees will be applied to unpaid enrollment fees and dues after the 1<sup>st</sup> session of the course. Students with unpaid fees and dues after the 2<sup>nd</sup> session of the course will automatically be dropped from the course unless the written request and a promissory letter are submitted and approved by the CEO / COO. Certificates will not be released unless full payment is made.
3. Courses are non-transferable. Cancellation of enrollment on a specific course prior to the 1<sup>st</sup> session of the course will be refunded with a **cancellation fee of 50%** applied. **Any cancellation after the 1<sup>st</sup> session, is non-refundable.**
4. The School reserves the right to cancel courses for which there is insufficient enrollment. In such cases, The School will offer substitute courses of at least equal applicability.
5. I have carefully read and understood the contents of this application form. I understand that I risk being dropped from my classes if I fail to pay tuition in full or fail to make payment arrangements by the due date. I certify that the information given herein is correct and complete. Any falsification, misrepresentation, or withholding of information employed by me or on my behalf will automatically nullify my application and enrollment fees, and will be liable for exclusion from the Institute for Creative Entrepreneurship (ICE).

Printed Name and Signature of Applicant

Printed Name & Signature of Parent / Guardian  
(for students below 18 years old)

Date